

State of Tennessee TENNESSEE ATHLETIC COMMISSION DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243

APPLICATION FOR COMBATANT

Type or print legibly I am applying for registration for: (Check One)		
[] Boxer [] Mixed Martial Artist [] Kickbox	er	
Please include with this application:		
[] Fee (\$50 application fee and \$25 licensing	fee for each license you checked	d above)
[] Attached Medical Form(s)		
[] Blood Test Results for HIV antibody & HBV (Hepatitis B Surface Antigen) & HCV (Hepatitis C Antibody) must be		
submitted with this application on the letterhead	of the laboratory that administer	red the tests. The laboratory must be
certified by the Federal Clinical Laboratory Impr	ovement Act. The blood tests me	ust be taken within 30 days prior to the
date of application.		
[] 2 Photographs		
[] (Boxers only) Copy of Federal ID or comple	eted Federal ID Form	
Full Name		
Last	First	Middle
Professional/ ring name(s) if different from abov	e	
Mailing Address		
City	State/Zip	
County	Phone No	
E-Mail Address		
Date of Birth	Age	
Citizen of (State/Foreign Country)		
Name of Manager	Manager Tele	phone
Weight Height	Eye Color	Hair Color
Did you have an unexpired license with the form If "yes," please provide license number and exp		ion? Yes[] No[]
Have you ever had a boxing, mma, or kickboxing related license refused, suspended or revoked? Yes [] No [] If "yes," please provide a full explanation.		

List any states or localities in which you hold or have held a license of the type for which you are applying and how many years you have had that license.

I hereby affirm that the statements made in this application understand that any misrepresentation or failure to answer applicable legal penalties.	are true and accurate to the best of my knowledge. I shall constitute grounds for license revocation and/ or other
Applicant's Signature	Date